

**Thomas Jefferson University / Hospitals
Information Responsibility Statement**

Name: _____

Campus Key: _____

Department: _____

Statement

I understand that any authorization to access Thomas Jefferson University / Hospitals information assets is granted specifically and exclusively for University / Hospital purposes and my job function, and I agree to use the information assets only for those purposes.

I understand that confidentiality must be maintained regardless of the source of the information (the spoken word, the medical record, computer system, or other records of University / Hospital business that are not a matter of public record), and agree to keep in confidence any information that is given in confidence.

I agree to abide by and promote adherence to University and Hospital Policies and Procedures related to confidentiality, access to information, and the use of information systems. I understand that any unauthorized access, modification, destruction, representation or disclosure of University / Hospital information constitutes a breach of security and is subject to applicable disciplinary and legal action.

Signature: _____

Date: _____